

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 1998 - JUNE 30, 1999**

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS

1999 JUN 30 AM 9:47

THOMAS J. BAKER, JR.
CLERK OF SUPERVISORS
OF SAN DIEGO

1. DEPARTMENT/COURT INFORMATION:

Department/Court: Health & Human Services Agency

Division/Unit: North Inland Public Health Center

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEER (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol. <u>2</u>	Hours <u>284.25</u>	x	\$14.30	=	\$ <u>4,064.78</u>
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Types of work performed by GENERAL VOLUNTEERS in this category: Data entry entering new family units into Registration System, purging charts for storage, data entry on immunization records for children (All Kids Count Program).

- b. INSTITUTIONAL VOLUNTEER (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol. _____	Hours _____	x	\$ 14.30	=	\$ <u>-0-</u>
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity. These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

<u>Position</u>	<u>Hours</u>	x	<u>VCL</u>	=	<u>Dollar Benefit</u>
_____	_____	x	_____	=	\$ <u>-0-</u>

No. Vol _____	Total Hours _____	Total Value	\$ <u>-0-</u>
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Types of work performed by SPECIALIZED VOLUNTEERS in this category: _____

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a: <u>2</u>	<u>284.25</u>	\$ <u>4,064.78</u>
2b: _____	_____	\$ _____
2c: _____	_____	\$ _____
TOTALS: <u>2</u> <u>284.25</u> \$ <u>4,064.78</u>		

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

<u>Item Donated</u>	<u>Value</u>	<u>Item Donated</u>	<u>Value</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
TOTAL VALUE \$ <u>-0-</u>			

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours 25 x Rate \$ 12.91 = \$ 322.75

- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours 3 x Rate \$ 12.91 = \$ 38.73

- c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

Item	Cost

TOTAL OF OTHER PROGRAM COSTS

=

\$ -0-

- d. TOTAL OF VOLUNTEER PROGRAM COST =
(add 4a, 4b, and 4c)

\$ 361.48

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$ 4,064.78

b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$ -0-

ADD a + b \$ 4,064.78

c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) (\$ 361.48)

TOTAL PROGRAM BENEFIT \$ 3,703.30

6. **RECRUITING:**

Please describe your recruiting programs:

Worked with the Summer YouthForce and recruited one volunteer, and
recruited another volunteer from Cal State San Marcos who had to earn
credits doing volunteer work.

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

Our office was doing the Pilot Program for AKC (All Kids Count Immunization
Program). We had to enter all the children under the age of five years into
the computer system and this was achieved. Without the help of the two
volunteers this may not have been accomplished.

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 1999-00:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Goal is to have two volunteers to assist clerical with data entry and
reception duties. Also, a volunteer to assist with the Child & Youth
Clinic to perhaps read to the children while waiting to be examined.

9. **GENERAL INFORMATION:**

Name of Person Completing Report: Sandra E. Alber, Senior Clerk

Phone Number: (760) 740-4000 Mail Stop N512 E-Mail salberhe

Volunteer Coordinator: Sandra E. Alber, Senior Clerk

Phone Number: (760) 740-4000 Mail Stop N512 E-Mail salberhe

10. **DEPARTMENT CERTIFICATION:**



DEPARTMENT HEAD SIGNATURE

6-28-99

DATE